



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS  
21<sup>st</sup> Century Community Learning Centers Program  
**QUARTERLY PROGRAM REPORT**

Please complete the following information within the space provided. One form must be completed for EACH approved site—not one form for the entire center. Forms not completed according to directions will be returned for revision. Completed forms are due no later than the 15<sup>th</sup> of the month following the preceding quarter. (Due Dates: October 15, January 15, April 15, & June 30-*tentative*)

District/Organization Name		Program/Site Name		Circle the reporting quarter: July 1 - Sept 30    Oct 1 - Dec 31    Jan 1 - March 31    April 1 - June 30	
County/District Code Number _ _ _ - _ _ _	Federal Tax ID Number (for CBO's only)	School Year		Circle Cohort Number 1    2    3	

Fiscal Agent (name of district or organization)	Partnering School District Name (for CBO's only)
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Location of Program:

☐ School building - name of school: \_\_\_\_\_  
address, city, state and zip: \_\_\_\_\_

☐ Non school building - name of building: \_\_\_\_\_ Location in proximity to school: \_\_\_\_\_  
address, city, state and zip: \_\_\_\_\_

Did senior citizens volunteer in the program this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____	Did students volunteer in the program this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____
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Student population served this quarter (check all that apply and provide the grade levels of each served):  
\_\_\_ Elementary School (grade levels: \_\_\_\_\_) \_\_\_ Middle School (grade levels: \_\_\_\_\_) \_\_\_ High School (grade levels: \_\_\_\_\_)

Total number of program staff working with students this quarter: _____ Staff/child ratio: _____	Total number of program staff who are also regular school day teachers this quarter: _____	Total number of adult family members served this quarter (non-duplicative): _____
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Quarterly Enrollment and Attendance (Non-Duplicative):			Achievement activities offered (check all that apply)	
Program is in Operation during: (check all that apply)	# of students enrolled	Avg. daily attendance of students these days: 0-29    30-59    60+		
___ Before school <b>only</b>	_____	_____	___ Reading/literacy	___ Technology/telecommunication
___ After school <b>only</b>	_____	_____	___ Mathematics education	___ Expanded library service hours
___ Before <b>and</b> after school:	_____	_____	___ Science education	___ Parental involvement/family literacy
___ Summer:	_____	_____	___ Art/Music education	___ Drug/Violence prevention, counseling
___ Evening:	_____	_____	___ Entrepreneurial education	___ Character education programs
___ Holidays:	_____	_____	___ Sports/recreation	___ Activities for English proficient students
___ Weekends:	_____	_____	___ Tutoring/mentoring	___ Assistance to truant, suspended or expelled students
___ Other, describe: _____	_____	_____	___ Other, Describe: _____	___ Other, describe _____
<b>Total # of students for the quarter:</b>	_____	_____		

On average, how much time is spent per child, per day in this site on: homework \_\_\_\_\_ tutoring \_\_\_\_\_

How was information disseminated about this program/center to the community this quarter:  
\_\_\_ radio \_\_\_ newspaper \_\_\_ T.V. \_\_\_ flyers/posters \_\_\_ letters \_\_\_ other, describe: \_\_\_\_\_

List the beginning and ending times this program is in operation on school days (during non school hours) for this quarter: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____	List the beginning and ending times this program is in operation on non-school days (days school is not in session) for this quarter: Saturday: _____ Summer: _____ Sunday: _____ Holidays: _____ Break: _____ Other, describe: _____
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Total # of hours this program operates each week \_\_\_\_\_. Total # of days this program operates each week \_\_\_\_\_.

<p>In what ways have the specified partners assisted with the program this quarter? Give a description of collaborative efforts:</p>	
<p>List which resources have been secured and how they will assist in meeting sustainability requirements during this quarter:</p>	
<p>Describe any transportation challenges the program faced this quarter and how they were resolved:</p>	
<p>Describe how you have linked the Afterschool program with the regular school day this quarter:</p>	
<p>Describe how the 21<sup>st</sup> CCLC award has enhanced program quality this quarter:</p>	
<p>Describe how the 21<sup>st</sup> CCLC award has enhanced academic achievement this quarter:</p>	
<p>Provide the date(s) program evaluation will be conducted. If any changes have occurred in the method of evaluation, please describe. If you have collected any student data on achievement this quarter, specify results if available (attach additional page if needed):</p>	
<p>Describe the type(s) of homework assistance and tutorial services provided this quarter:</p>	
<p>List a specific activity, event or curriculum that assisted with building high program quality and was successful with its target audience this quarter:</p>	
<p>List professional development/in-service training (and dates) provided for front line staff/volunteers this quarter (attach additional page if needed):</p>	<p>List which required training events (and dates) were attended by administrative staff (i.e. program director/coordinator) for this quarter:</p>
<div style="border-bottom: 1px solid black; margin-bottom: 10px; display: flex; justify-content: space-between;"> <span>Authorized Signature</span> <span>Date</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; display: flex; justify-content: space-between;"> <span>Signature of Contact Person</span> <span>Date</span> </div>	<p style="text-align: center;"><b>PLEASE RETURN TO:</b></p> <p style="text-align: center;">Afterschool Supervisor / 21<sup>st</sup> CCLC          Community Education          Department of Elementary and Secondary Education          P. O. Box 480          Jefferson City, Missouri 65102-0480          Phone: (573) 526-9761    Fax: (573) 526-4261</p>